

SUMANDEEP VIDYAPEETH

(Declared as Deemed to be University under Section 3 of the UGC Act 1956)

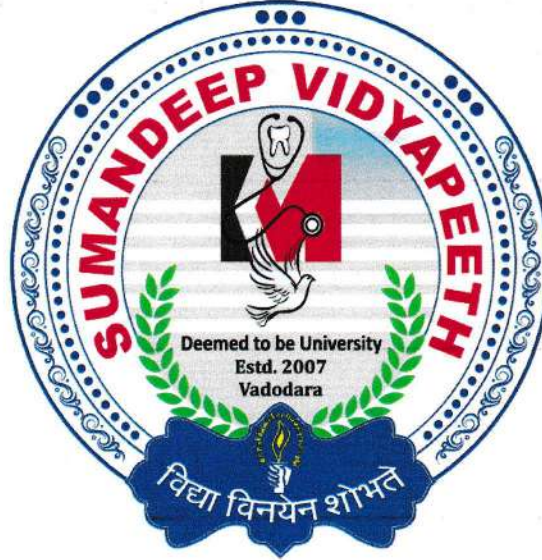
Accredited by NAAC with a CGPA of 3.53 out of four-point scale at 'A' Grade

Category – I deemed to be university under UGC Act - 2018

At & Post Piparia, Tal: Waghodia 391760 (Gujarat) India.

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CURRICULUM

PG Diploma in COMMUNITY MEDICINE (PUBLIC HEALTH) EVIDENCE BASED CURRICULUM (P.G)

Attested CTC

Charaney 15/2/2021

Vice-Chancellor

Sumandeep Vidyapeeth

An Institution Deemed to be University

Vill. Piparia, Taluka: Waghodia.

Dist. Vadodara-391 760. (Gujarat)



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AMENDED UP TO DECEMBER -2020

Community Medicine is the branch of Medicine which deals with the identification of factors which causes the disease and factors that predisposes persons to disease causation at individual and community level and finding out solution to prevent the disease occurrence. Sanitation, statistics, epidemiology, nutrition are branches of it which help to understand the disease process.

Programme outcome PG DIPLOMA

The purpose of PG Diploma education is to create specialists who would provide high quality health care and advance the cause of science through research & training.

Programme specific outcome PG DIPLOMA

POS 1.. A post graduate diploma student after undergoing the required training should be able to deal effectively with the needs of the community and should be competent to handle the problems related o his specialty including recent advances.

POS 2. He should also acquire skill in teaching of medical/paramedical students.

POS 3. Practice the specialty concerned ethically and in step with the principles of primary health care.

POS 4. Demonstrate sufficient knowledge of the basic sciences relevant to the concerned specialty.

COURSE OUTCOME (CO): At the end of the course the student shall acquire competencies in the following areas

1. Basic knowledge in application of principles of Public Health, Community Medicine and applied epidemiology, contributing meaningfully in formulating National Health Policies & Programmes with a systems approach for overall human development.
2. Scholars acquire basic skill to standardize the teaching & training approaches at post-graduate level, for Community Medicine
3. Research: To formulate research questions, do literature search, conduct study with an appropriate study design and study tool; conduct data collection and management, data analysis and report.

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AIM

- 1.1 To train medical graduates as to ensure higher competence in both general and special areas of community Medicine.
- 1.2 To prepare a candidate for teaching, research and clinical abilities, including prevention and after care in community Medicine.
- 1.3 To prepare the candidate to practice Evidence Based Community Medicine

Objectives of the course:

At the end of this course the successful candidates;

1. Should be able to understand the problems of the community including health problems, the factors responsible for their existence in the community and to suggest the amicable solutions for them.
2. Should have acquired the knowledge and art of investigating the outbreak of diseases of communicable and non-communicable nature and take measures to control them.
3. Should have acquired the knowledge of health care delivery network of the country, state, district and local health organization.
4. Should be able to identify the safe / unsafe environment and its effect on the human health.
5. Should be able to interpret the available health related data, forecast the trend of disease and to suggest appropriate measures to prevent it.
6. Should be able to safe guard the health of the people of the district
7. Should be able to provide leadership and guidance to his subordinate officers and workers to achieve the common goal of improving health of the people.
8. Should have sufficient knowledge of computer application in the field of medical science and public health.
9. Should be able to contribute to the overall development of the district.
10. Should be able to meet with any emergency situation affecting the health of the people.
11. Upon completion of the evidence based education, the trainee should be able to:
 - i. Demonstrate significance of Evidence Based community medicine
 - ii. Demonstrate awareness of epidemiologically-based needs assessments through research and systematic reviews of research evidence.
 - iii. Contribute to the appraisal process.
 - iv. Understand quality assurance in the delivery of Primary Health care.

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children 27) Computers applications in Public health, social sciences approaches in public health 28) Drug abuse and narcotic and psychotropic substances use problems, health of physically and mentally disadvantaged children, Rehabilitation 29) Management during and after disaster. Epidemic control measures		
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(5) Health education and behavioral sciences:

<ol style="list-style-type: none"> 1. Principles of health education 2. culture, community structure and leadership, Teaching and learning process of community organization 3. Principles of communication 4. Principles of programme planning and evaluation 5. Nature and scope in public health practice, Methods and Media 6. Audio-visual Aids and their use, Mass media in communication 7. Health education in national health programmes and practical work among rural and urban communities. 8. Behavioural science techniques for the implementation of health and family welfare programme 9. Concept of social and cultural and psychological characteristics of human communities, significance of culture and cultural changes, cultural values and norms which influence their socialisation pattern 10. Approach to the community and interview techniques. Location and identification of the formal and informal organisation and leadership pattern, Public opinion and propaganda 11. Different characteristics of rural and urban social culture and social stratification 12. Socio-cultural factors influencing the causation and prevention diseases and adoption of family welfare programme 	All topics except those shown in next column	
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(6) Social work:

<ol style="list-style-type: none"> 1. Family visits and rural health programmes in urban and rural health centres, 2. visits to various health organisation at all levels, visits to social welfare and mental health institutions, 3. Visits to Municipal and rural health administration. 	All topics except those shown in next column	
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(7) Environmental Health Science

<ol style="list-style-type: none">1. Environmental sanitation. Effect2. Principles of healthful housing. planning.3. Ventilation and lighting.4. Water-supply- its sources, ch water purification and distributic5. Sewerage system and method Affluent standards6. Collection and disposal of garbage7. Latrines-types, collection and standards. Dwelling houses, for8. Working environment-schools,9. National Programmes on envirc10. Sanitation in fairs and melas.		
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(8) Occupational health:

<ol style="list-style-type: none">1. Environment and health. Its mechanism.2. External environment and its and their effects on health3. Measurement of environment industrialisation and its effects4. Health hazards in occupation5. Illumination and work6. Toxic health hazards at work associated problems in industry7. Control of health hazards in wo8. Industrial health legislation.9. Occupational diseases, imp environment on working health.10. Practical work. Visits to selec occupations health organisatic industrial health administration.		<input checked="" type="checkbox"/>
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(9) Biochemistry and

<ol style="list-style-type: none">1. Biochemistry and p2. Energy requireme carbohydrates, vita requirement.3. Balanced diets and their effect on nutrit4. Nutrition-deficiency5. Inter relationship be6. Nutrition of special7. Applied nutrition pro8. Role of national and9) Diet survey and n10) I.C.D.S. food fortific		
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(10) Maternal and Child health

<ol style="list-style-type: none">1. Maternal and child related mortality, rates, causes, trend in selected countries.2. Preventive measures. MCH service- planning, organisation, supervision and evaluation.3. Job responsibilities of various categories of health personnel.4. Health of mothers and children, current concepts, health needs and general principles5. Antenatal, natal and postnatal care. Nutrition in pregnancy and lactation.6. Maternal morbidity and mortality. Feeding in young children.7. Growth and development of children.8. Common childhood morbidity-causes, management and preventive measures, crèche, childhood mortality,9. MCH service, handicapped children, care of disadvantaged children10. School health,11. Child psychology. Juvenile delinquency, child guidance clinic.	All topics except those shown in next column	
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(11) Family welfare

<ol style="list-style-type: none">1. Population trends in selected countries and in India.2. National family welfare programme.3. Methods of conception control. Menstrual regulation and4. Medical Termination of Pregnancy. Postpartum programme.5. Methods of evaluation of programmes.	All topics except those shown in next column	
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BOOKS RECOMMENDE FOR READING

- 1) Maxy and Rosenau: Public Health and Preventive Medicine
- 2) Walter W. Holland: The Oxford Text Book of Public Health. Vol. I to IV
- 3) Hannon and Prekett: Public health administration and Practice
- 4) J.S. Garrow, Philips James:
and Stanely Davidson Human Nutrition and Dietetics
- 5) Hobson: The Theory and Practice of Public Health
- 6) D J P Barker & G. Rose: Epidemiology in Medical Practice
- 7) Abramson J H: Survey Methods in Community Medicine
- 8) K. Park: Park's Textbook of Preventive & Social Medicine
- 9) PSS Rao: An Introduction to Biostatics
- 10) Bancroft H: Introduction to Bio statistics
- 11) Mac Mohan and Pugh: Epidemiology: Principles and methods
- 12) Topley and Wilson: Text Book of Microbiology
- 13) Morris J.N.: Uses of Epidemiology
- 14) S.C. Seal: Public Health Administration in India
- 15) Niraj Pandit Sociology and Health

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Posting of Student in Institute of Public Health Importance

Place of Posting	Duration of posting	Learning
Microbiology department	2 weeks	Culture media, technique of inoculation, colony characteristics, identification of organisms by slide examination, samples of body fluids, secretions, excretions collection, preservation and transportation procedures, common laboratory procedures, precautions in the laboratory, common serological tests, bio-medical waste collection, storage and disposal, immunology and immunological tests etc.
Paediatric department	2 week	Identification common childhood problems, special clinics, ORS corner, Growth monitoring and recording, neonatal care, infant care, care of pre-school children, care of disadvantaged children, breast feeding, at risk children
Obstetrics department	2 week	Identification common problems of pregnant women, at risk mothers, special clinics, Family welfare activities. PP Unit.
Medicine department	2 weeks	Learning method of history taking, clinical examination, prescription of investigation and treatment of common ailments / diseases, interpretation of investigation result, attending special clinics (diabetic care, Cardio Vascular, geriatric etc)
Public Health laboratory Food and drug testing Water testing	6 days	Water chemistry, tests to identify water pollution, water quality monitoring, sanitary survey of water supply system, water sample collection, preservation, transportation for bacteriological examination, reading and interpretation of report, identification of food adulteration, food sample collection and procedures to be followed. Legislative provision, tests on milk, record keeping. Food and drug regulations
Water treatment plant	1 day	Sources of water, Water quality monitoring, sanitary survey of water supply system, water sample collection, preservation, and transportation for bacteriological examination, Role during water borne epidemics.
Milk dairy	1 day	Milk hygiene, tests for pasteurization, quality control. Standards for various types of milk, milk products, tests for milk adulteration
Sewage treatment plant	1 day	Sewage and sullage, collection and disposal, tests carried out on sewage, problems related to its disposal.
Immunisation clinic (Included in pediatrics posting)		Critical observation of the various activities carried out at the clinic, record keeping, cold chain maintenance, injection safety, waste disposal
PHC / sub-center	2 weeks	Critical observation of the various activities carried out at PHC,
Community health centre	1 week	To Learn staff, functions of CHC, record keeping
Municipal corporation	1 weeks	Functioning, various bodies and their functions, duties of MOH, critical observations.

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Health Department of Jilla Panchayat	1 weeks	Functioning, various bodies and their functions, duties of CDHO, critical observations, supervision of SC and PHC, conducting meeting, organizing survey work
District Malaria Unit	3 days	Problem of malaria in the district, various anti-malaria measures, Bionomics of Mosquitoes and their control, activities under National programme. Various insecticides and their use, insecticide resistance, evaluation of programme.
Blood bank	1 day	Blood safety regulations, blood borne diseases and prevention
Bio medical waste disposal	1 day	Hospital waste , generation sources, collection, disposal, Universal work precaution in hospital
Hospital Kitchen	1 day	Food safety, diet planning, various types of diet served to patients in hospital, kitchen hygiene, hygiene of cook and food handlers
IMNCI training	10 days	IMNCI training components, method of training,
District TB Center	4 days	Problem of Tuberculosis, diagnostic tools, RNTCP, category classification, treatment regimen, HIV and TB, Problems in TB control.
Special clinics (geriatrics, diabetes care, cardio vascular preventive clinic, Immunisation, under five, ante-natal, post natal, nutrition clinic,)		Conduction and activities carried out at such clinics (included in pediatric, OG and medicine department posting)
NGO posting	1 week	Working of NGO, observing various activities carried out by it. Understanding its role in health sector,
Medical Record Section	1 day	Record keeping, analysis, use of computer in record keeping, ICD, Death certificate,
Community based activities		Like NID monitoring, school health, camp duty

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Method of Training:

- 1) Lecture-cum-discussion:
- 2) Presentation of assigned topics:
- 3) Case study, presentation and discussion / family study, presentation and discussion
- 4) Involvement in undergraduate teaching and training
- 5) Journal club
- 6) Laboratory practices
- 7) Visit to Institutes of Public Health importance; water works, sewage treatment plant, milk dairy, public health laboratory, Primary health center, community Health center, Infectitious disease hospital, medical record section of hospital, Health center run by NGO, Immunisation clinic etc.
- 8) Project preparation
- 9) Posting of candidates in other departments of medical college and places of Public health importance.
- 10) Seminars-(Incorporation of recent evidences as per the hierarchy of evidences in seminar)
- 11) Journal club-(Formulation of clinical question to critical appraisal of evidence and decision making as per the principles of Evidence Based Decision Making in journal club)
- 12) Case presentation-(diagnosis/treatment plan to be supported with higher level of evidences)
- 13) Interdisciplinary case presentation- (diagnosis/treatment plan to be supported with higher level of evidences)
- 14) Poster/paper presentation in speciality conference-
- 15) Short research-
- 16) Publication in peer review journal-

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Practical training:

- 1) Using and Handling various Audio-visual aids available in the department and used for teaching of Undergraduate students.
 - 2) Using and Handling various equipments and Instruments available in the department and used routinely or for research purpose.
 - 3) Training of PG in Undergraduate teaching – Taking lecture / practical, conducting demonstration carry out field training etc.
 - 4) Statistical exercises: calculation of various vital rates and ratios, fertility statistics.
 - 5) Measurement of morbidity and mortality-Incidence and prevalence rates
 - 6) Statistical methods-up to coefficient of correlation
 - 7) Sample size and its use in medical research.
 - 8) Planning of survey, Designing of Performa-field testing, Organisation of survey, collection of data, analysis and presentation of data, drawing inference and report writing.
 - 9) Steps in investigation of an outbreak.
 - 10) Computer training – required for the data entry, analysis, statistical test application, interpretation of data, report writing, graphical presentation, application of Epi-info, SPSS, etc.
 - 11) Common Laboratory procedures, culture, identification of organisms, various vaccines and their use in public health, evaluation of vaccine coverage
 - 12) Tools and techniques for the evaluation of various National Health Programmes.
 - 13) OPD and Camp approach to learn diagnosis and treatment of common diseases in rural set up
- *To introduce Basic life support (BLS) and Advanced Cardiac Life Support (ACLS) training for all the First year Postgraduate Resident Doctors from academic year 2017-18. (Board of Studies letter no.: SBKSMIRC/Dean/1777(A)/2017, dated 28/11/2017 and Vide Notification of Board of Management Resolution Ref: No.: SV/8813/2017-18, dated 06/04/2018)*

EBES Integration:

1. All post graduates after enrolment will be exposed to organized evidence searching skills lectures along with teaching of clinical epidemiology, biostatistics and research methodology.
2. All the post graduate Journal Clubs will be carried out on a prescribed Evidence Based format with emphasis on critical appraisal. A designated teacher/facilitator will assess every post graduate student for each JC presentation.
3. All PG seminars will have evidence embedded in the presentation and all references relating to the subject matter will be incorporated. AT the end of the seminar all the references will be listed and the seminar will be assessed by the facilitator.
4. In the Practical Skills, every post graduate student will be exposed to at least one encounter of role modeling in which a facilitator after raising a relevant query will search for its evidence and demonstrate evidence searching methodologies, its importance and utility to the student.

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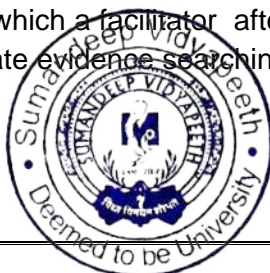
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Scheme of Examination: (Diploma in Comm. Medicine Course)

Degree: **Diploma in Community Medicine (D.C.M.)**

University: **Sumandeep Vidyapeeth, Piparia**

Project: Community Based Topic will be assigned for Project work. After obtaining approval from Human Research Review Committee and Institutional Ethics Committee, the student is expected to complete the project and submit report to the University along with the examination form.

Theory Examination: (300 Marks)

Paper number	Topics	Marks	Time
I	Basic medical sciences applied to Community medicine –[Statistical methods in Epidemiology and Public Health, Vital statistics and statistical methods (Bio statistics) , Medical Microbiology including immunology, Medical sociology, Sanitation, Nutrition, Genetics, Health education]	100	3 Hours
II	Community Medicine –I [Epidemiology-General and specific diseases, Demography and Family Welfare, Public Health Laboratory Practices, Maternal and Child health, , School health, Geriatrics, Mental health, Research Methodology]	100	3 Hours
III	Community Medicine-II [National and International health Regulations and health organizations, National Health Programmes, Occupational health, Health planning, administration, Management and evaluation, Health Economics. One question each on recent advances in Community Medicine and Evidence Based Education System]	100	3 Hours

Note: The distribution of topics in each paper is arbitrary. There may be overlapping of relevant topics in question papers

Each Paper shall have 5 Questions; all compulsory; no options.

- Question-1: Long Question (1 or 2 parts) -----20 marks
Question-2: Long Question (1 or 2 parts) -----20 marks
Question-3: Long Question (1 or 2 parts) ----- 20 marks
Question-4: Short Notes—(4)----- 20 marks
Question-5: Short notes —(4)-----20 marks

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Practical Examination: (300 Marks + 100 marks Viva voce) = 400 marks
Duration: Minimum 2 days

Exercise number	Description	Marks	Time	Assessment
1	Family study / Long case	150	1 hour	All four examiners
2	Short exercise [Public health administrative exercise] [Epidemiological and statistical exercises]	50 50	30 minutes each	Pair- I Pair-II
3	Table exercises (2) based on Public health Laboratory practice	25 25	30 minutes each	Pair-I Pair-II
5	Viva-voce	100	30 minutes	All Four examiners

Passing standards: Theory and Practical 50 % each separately

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